Send Completed Form to:

Out-of-Class Justification Form

CalHR Classification and Compensation Division 1515 "S" Street, North Building, Suite 500 Sacramento, CA 95814 ATTENTION: Coordinator, Out-of-Class Review Unit

California Department of Human Resources State of California

Employee Information (Complete only when out-of-class assignments exceed 120 days.)	
Department	Division
Employee Name	Current CBID
From (Class Title)	To (Class Title)
First Day of Assignment Day 121 of Assignment to Begin Ending Date	
Duties to be performed	
Specifically, Why Can't This Need Be Met Through	
Temporary or limited-term appointment	
Temporary reassignments, reorganization, or other administrative alternative	
For recurring needs, a change in the classification plan	
Additional Comments	
Employer Certification	